

## ISSUE SLIP STAPLE AREA (for additional cross references)

18  
5-22-01

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | BP       |        | 08-20-01 |
| O.I.P.E. CLASSIFIER       |          | 48     | 3/13/01  |
| FORMALITY REVIEW          | SH       | 1085   | 5/22/01  |
| RESPONSE FORMALITY REVIEW | Request  | 925    | 08-24-01 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date    |
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| 1     | 9/24/01 |
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| 3     | V       |
| 4     | X       |
| 5     | X       |
| 6     | V       |
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| 9     | V       |
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| 37    | V       |
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| 40    | V       |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy

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AA-101  
115C 925